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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mudgeeraba Special School** - Volunteers Details Form  Please complete the following information. Fields in grey need your input.  You can use the TAB key to quickly navigate to each field. | | | | | | | | | | | | | | | Date: | |  | | |
| **CONFIDENTIAL** | | | | | | | | | | | | | | |  | |  | | |
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| First Names: | | | | |  | | | | | Gender: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Family Name: | | | | |  | | | | | Date of Birth: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blue Card Number: | | | | |  | | | | | Blue Card Expiry Date: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Copy of Blue Card supplied: | | | | | Yes |  | No |  |  | Date of Blue Card Application:  (if application in process) | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manual Handling Certificate: | | | | | Yes |  | No |  |  |  | | | | |
|  | | | | |  |  |  |  |  |  | | | | |  | | | | |
| First Aid Certificate: | | | | | Yes |  | No |  |  | First Aid Cert Expiry Date: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home Address: | | | | |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | |
|  | | | | | (if different from home address above, otherwise leave blank) | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | |
| Home/Business Telephone: | | | | |  | | | | | Mobile Telephone: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email Address: | | | | |  | | | | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Emergency Contact: | | | | |  | | | | | Relationship: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Address of Contact: | | | | |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home/Business Telephone: | | | | |  | | | | | Mobile Telephone: | | | | |  | | | | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Your Medical Details: (eg. Asthma, allergic to bee stings etc…) | | | | | | | | | | Symptoms and Treatment: | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Reason for application: | | | | |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| List all relevant qualifications and  special needs experience: | | | | |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If you have Teacher Qualifications, are you  a registered teacher in QLD? | | | | | Yes |  | No |  |  | Teacher Registration No: | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are you a Senior Teacher? | | | | | Yes |  | No |  |  |  | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you seek employment opportunities in  a Special School? | | | | | Yes |  | No |  |  | As a teacher? | | |  | As a teacher’s aide? | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What are your areas of interest / what are  your personal strengths? | | | | |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What year groups would you prefer to  work with? | | | | | Prep - Y2 | |  | Y3 - Y6 | |  | Y7-Y9 | |  | Seniors | |  |  |  |  |
|  |  |  |  |  | (tick all relevant boxes of interest) | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What are your available days and times of  the week? | | | | | Mon AM | |  | Tue AM | |  | Wed AM | |  | Thu AM | |  | Fri AM | |  |
| Mon PM | |  | Tue PM | |  | Wed PM | |  | Thu PM | |  | Fri PM | |  |
|  |  |  |  |  | (tick all relevant boxes of interest) | | | | | | | | | | | | | | |
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| **Please email your completed form attention to Samantha Jones at** [**sjone232@eq.edu.au**](mailto:sjone232@eq.edu.au) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Office Use Only:** | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Class Placement Details: | | | | |  | | | | | | | | | Placement Date: | | |  | | |